

JAN-10-2005 18:48 FROM:BSTZ

7145573347

TO:USPTO JAN 10 2005 P.1

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TELEPHONE: (503) 439-8778

INTELLECTUAL PROPERTY LAW
12400 WILSHIRE BOULEVARD, 7TH FLOOR
LOS ANGELES, CA 90025

FACSIMILE: (503) 439-6073

FACSIMILE COVER SHEET

Deliver to: Sumati Lefkowitz, USPTO Art Group: 2112
Facsimile No.: 703 872-9306 Date: January 10, 2005
From: James Henry, Reg. No. 41,064
Our Docket No.: 42390P11425 Number of pages 19 including this sheet.
Application No.: 10/037,670 Filing Date: 1/3/2002
Docket Due Date(s): 1/10/2005

Enclosed are the following documents:

| | |
|---|---|
| <input checked="" type="checkbox"/> Amendment: <u>Response</u> (<u>15</u> pgs) | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Appeal Brief (in triplicate) (<u> </u> pgs) | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Application: <u> </u> (<u> </u> pgs) w/cover & abstract) | <input type="checkbox"/> Petition for: <u> </u> |
| <input type="checkbox"/> Assignment & Cover Sheet (<u> </u> pgs) | <input type="checkbox"/> Request for Continued Examination (RCE) |
| <input checked="" type="checkbox"/> Certificate of Facsimile <u> </u> | <input type="checkbox"/> Reply Brief (<u> </u> pgs) |
| <input type="checkbox"/> Continued Prosecution Application (CPA) | <input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i) |
| <input type="checkbox"/> Declaration & POA (<u> </u> pgs) | <input type="checkbox"/> Request to Rescind Previous Nonpublication Request |
| <input type="checkbox"/> Drawings: <u> </u> sheets, <u> </u> figures | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
| <input type="checkbox"/> Extension of Time: <u> </u> | <input type="checkbox"/> Response to Written Opinion (<u> </u> pgs) |
| <input checked="" type="checkbox"/> Fee Transmittal (in duplicate) | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> IDS & PTO/SB/08 (<u> </u> pgs) | <input type="checkbox"/> Transmittal of Publication Fee Due |
| <input type="checkbox"/> Other <u> </u> | <input checked="" type="checkbox"/> Transmittal Letter |

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

Pat Sullivan 01/10/2005
Pat Sullivan Date

Confidentiality Note: The documents accompanying this facsimile transmission contain information from the law firm of Blakely, Sokoloff, Taylor & Zafman which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

If you do not receive all the pages, or if there is any difficulty in receiving, please call: (503) 439-8778 and ask for Pat Sullivan.

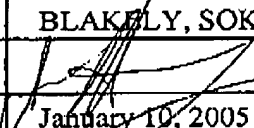
JAN-10-2005 18:48 FROM:BSTZ

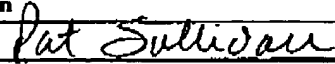
7145573347

TO:USPTO JAN 10 2005 P.2

| | | | |
|--|----------------------|------------------------|-------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application No. | 10/037,670 | |
| | Filing Date | January 3, 2002 | |
| | First Named Inventor | Eliel Louzoun | |
| | Art Unit | 2112 | |
| | Examiner Name | Sumati Lefkowitz | |
| Total Number of Pages In This Submission | 19 | Attorney Docket Number | 42390P11425 |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Facsimile Transmittal Sheet</div> |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | James Henry, Reg. No. 41,064 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature |  |
| Date | January 10, 2005 |

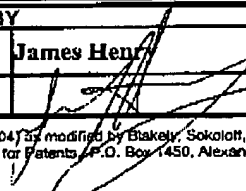
| CERTIFICATE OF MAILING/TRANSMISSION | | | |
|--|---|------|------------------|
| I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office. | | | |
| Typed or printed name | Pat Sullivan | Date | January 10, 2005 |
| Signature |  | Date | January 10, 2005 |

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 05/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

| FEE TRANSMITTAL for FY 2005 | | <i>Complete if Known</i> | |
|---|--|--------------------------|------------------|
| <small>Patent fees are subject to annual revision</small> | | Application Number | 10/037,670 |
| | | Filing Date | January 3, 2002 |
| | | First Named Inventor | Eliel Louzoun |
| | | Examiner Name | Sumati Lefkowitz |
| | | Art Unit | 2112 |
| | | Attorney Docket No. | 42390PT1425 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| TOTAL AMOUNT OF PAYMENT (\$) | | 0.00 | |

| METHOD OF PAYMENT (check all that apply) | |
|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input type="checkbox"/> Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. | |

| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------|----------|--|----------|-----------------|----------|----------|----------|----------|----------|------|------|------|------------------------|-------------------------------------|-----|------|-----|-----------------------------------|------|--|------|------|---------------------------------------|------|--|---------------------------|--|---|------|------|------|--|---|--------------|-----|------|-----|---|--|------|-------|------|------|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-------|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|----------------------------|--|--|--|--|--|--------------|--|--|--|------|--|
| 1. EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims: <u>55</u> - 80* = <u>0</u> x <u>50.00</u> = <u>\$0.00</u> Independent Claims: <u>7</u> - 7* = <u>0</u> x <u>200.00</u> = <u>\$0.00</u> Multiple Dependent: _____ | Extra Claims Fee from below Fee Paid 0 50.00 \$0.00 0 200.00 \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td></td> <td>2204</td> <td></td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td></td> <td>2205</td> <td></td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table> | | Large Entity | | Small Entity | | Fee Description | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 50 | 2202 | 25 | Claims in excess of 20 | 1201 | 200 | 2201 | 100 | Independent claims in excess of 3 | 1203 | 360 | 2203 | 180 | Multiple Dependent claim, if not paid | 1204 | | 2204 | | **Reissue independent claims over original patent | 1205 | | 2205 | | **Reissue claims in excess of 20 and over original patent | SUBTOTAL (1) | | | | (\$) | | | | | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | | Small Entity | | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 | 50 | 2202 | 25 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 | 200 | 2201 | 100 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 | 360 | 2203 | 180 | Multiple Dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 | | 2204 | | **Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 | | 2205 | | **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | | (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *or number previously paid, if greater. For Reissues, see below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td></td> <td>2051</td> <td></td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td></td> <td>2052</td> <td></td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>2053</td> <td></td> <td>2053</td> <td></td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1251</td> <td>120</td> <td>2251</td> <td>60</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>450</td> <td>2252</td> <td>225</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>1,020</td> <td>2253</td> <td>510</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,590</td> <td>2254</td> <td>795</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,160</td> <td>2255</td> <td>1,080</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>500</td> <td>2401</td> <td>250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>500</td> <td>2402</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>1,000</td> <td>2403</td> <td>500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>2451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>2460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td>1808</td> <td>180</td> <td>1808</td> <td>180</td> <td>Submission of Information Disclosure Sheet</td> <td></td> </tr> <tr> <td>1809</td> <td>790</td> <td>1809</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>790</td> <td>2810</td> <td>395</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td colspan="4">Other fee (specify): _____</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$)</td> <td></td> </tr> </tbody> </table> | | Large Entity | | Small Entity | | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | | 2051 | | Surcharge - late filing fee or oath | | 1052 | | 2052 | | Surcharge - late provisional filing fee or cover sheet | | 2053 | | 2053 | | Non-English specification | | 1251 | 120 | 2251 | 60 | Extension for reply within first month | | 1252 | 450 | 2252 | 225 | Extension for reply within second month | | 1253 | 1,020 | 2253 | 510 | Extension for reply within third month | | 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month | | 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month | | 1401 | 500 | 2401 | 250 | Notice of Appeal | | 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal | | 1403 | 1,000 | 2403 | 500 | Request for oral hearing | | 1451 | 1,510 | 2451 | 1,510 | Petition to institute a public use proceeding | | 1460 | 130 | 2460 | 130 | Petitions to the Commissioner | | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | | 1808 | 180 | 1808 | 180 | Submission of Information Disclosure Sheet | | 1809 | 790 | 1809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | | Other fee (specify): _____ | | | | | | SUBTOTAL (2) | | | | (\$) | |
| Large Entity | | Small Entity | | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1051 | | 2051 | | Surcharge - late filing fee or oath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1052 | | 2052 | | Surcharge - late provisional filing fee or cover sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2053 | | 2053 | | Non-English specification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1251 | 120 | 2251 | 60 | Extension for reply within first month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1252 | 450 | 2252 | 225 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1253 | 1,020 | 2253 | 510 | Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1401 | 500 | 2401 | 250 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1403 | 1,000 | 2403 | 500 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1451 | 1,510 | 2451 | 1,510 | Petition to institute a public use proceeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1460 | 130 | 2460 | 130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1808 | 180 | 1808 | 180 | Submission of Information Disclosure Sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1809 | 790 | 1809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | | (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SUBMITTED BY | | <i>Complete (if applicable)</i> | |
|---------------------|---|-----------------------------------|----------------|
| Name (Print/Type) | James Henry | Registration No. (Attorney/Agent) | 41,064 |
| Signature |  | Telephone | (503) 439-8778 |
| | | Date | 01/10/05 |

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

| | | | |
|---|------|----------------------|------------------|
| FEE TRANSMITTAL for FY 2005 | | Complete if Known | |
| Patent fees are subject to annual revision. | | Application Number | 10/037,670 |
| | | Filing Date | January 3, 2002 |
| | | First Named Inventor | Eliel Louzoun |
| | | Examiner Name | Sumati Lefkowitz |
| | | Art Unit | 2112 |
| | | Attorney Docket No. | 42390P11425 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 0.00 | |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input type="checkbox"/> Credit any overpayments | |
| under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. | |

| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|----------|----------|-------------------|--------------|--------------|------|---|--|----------|----------|------|---|----------|----------|-------|------|-------|------|------|---|----------|----------|-------|-------|---|-------|------|------|------|------|------|-------|---|-------|------|---|----------|----------|------|-----|------|-----|------|-----|---|----------|----------|------|------|------|------|------|------|-------|------|------|------|------|------|------|------|-------|-------|------|------|------|------|------|------|------|-------|------|--|------|----|------|-----|------|-----|------|-----|--|------|
| 1. EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 55 | - 80* | = 0 | x 50.00 = \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 7 | - 7* | = 0 | x 200.00 = \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; font-size: x-small;"> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th></th> </tr> <tr> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>1202</td><td>60</td></tr> <tr><td>1201</td><td>200</td></tr> <tr><td>1203</td><td>360</td></tr> <tr><td>1204</td><td></td></tr> <tr><td>1205</td><td></td></tr> </table> </td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>2202</td><td>25</td></tr> <tr><td>2201</td><td>100</td></tr> <tr><td>2203</td><td>180</td></tr> <tr><td>2204</td><td></td></tr> <tr><td>2205</td><td></td></tr> </table> </td> <td> Fee Description Claims in excess of 20 Independent claims in excess of 3 Multiple Dependent claim, if not paid **Reissue independent claims over original patent ***Reissue claims in excess of 20 and over original patent </td> </tr> </table> | | | | | Large Entity | Small Entity | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>1202</td><td>60</td></tr> <tr><td>1201</td><td>200</td></tr> <tr><td>1203</td><td>360</td></tr> <tr><td>1204</td><td></td></tr> <tr><td>1205</td><td></td></tr> </table> | Fee Code | Fee (\$) | 1202 | 60 | 1201 | 200 | 1203 | 360 | 1204 | | 1205 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>2202</td><td>25</td></tr> <tr><td>2201</td><td>100</td></tr> <tr><td>2203</td><td>180</td></tr> <tr><td>2204</td><td></td></tr> <tr><td>2205</td><td></td></tr> </table> | Fee Code | Fee (\$) | 2202 | 25 | 2201 | 100 | 2203 | 180 | 2204 | | 2205 | | Fee Description Claims in excess of 20 Independent claims in excess of 3 Multiple Dependent claim, if not paid **Reissue independent claims over original patent ***Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>1202</td><td>60</td></tr> <tr><td>1201</td><td>200</td></tr> <tr><td>1203</td><td>360</td></tr> <tr><td>1204</td><td></td></tr> <tr><td>1205</td><td></td></tr> </table> | Fee Code | Fee (\$) | 1202 | 60 | 1201 | 200 | 1203 | 360 | 1204 | | 1205 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>2202</td><td>25</td></tr> <tr><td>2201</td><td>100</td></tr> <tr><td>2203</td><td>180</td></tr> <tr><td>2204</td><td></td></tr> <tr><td>2205</td><td></td></tr> </table> | Fee Code | Fee (\$) | 2202 | 25 | 2201 | 100 | 2203 | 180 | 2204 | | 2205 | | Fee Description Claims in excess of 20 Independent claims in excess of 3 Multiple Dependent claim, if not paid **Reissue independent claims over original patent ***Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 | 360 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2202 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2201 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2203 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2204 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2205 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | (\$) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; font-size: x-small;"> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th></th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>1051</td><td></td></tr> <tr><td>1052</td><td></td></tr> <tr><td>2053</td><td></td></tr> <tr><td>1251</td><td>120</td></tr> <tr><td>1252</td><td>450</td></tr> <tr><td>1253</td><td>1,020</td></tr> <tr><td>1254</td><td>1,580</td></tr> <tr><td>1255</td><td>2,160</td></tr> <tr><td>1401</td><td>500</td></tr> <tr><td>1402</td><td>500</td></tr> <tr><td>1403</td><td>1,000</td></tr> <tr><td>1451</td><td>1,510</td></tr> <tr><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td></tr> <tr><td>1809</td><td>700</td></tr> <tr><td>1810</td><td>790</td></tr> </table> </td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>2051</td><td></td></tr> <tr><td>2052</td><td></td></tr> <tr><td>2053</td><td></td></tr> <tr><td>2251</td><td>60</td></tr> <tr><td>2252</td><td>225</td></tr> <tr><td>2253</td><td>510</td></tr> <tr><td>2254</td><td>785</td></tr> <tr><td>2255</td><td>1,080</td></tr> <tr><td>2401</td><td>250</td></tr> <tr><td>2402</td><td>250</td></tr> <tr><td>2403</td><td>500</td></tr> <tr><td>2451</td><td>1,510</td></tr> <tr><td>2460</td><td>130</td></tr> <tr><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td></tr> <tr><td>1809</td><td>395</td></tr> <tr><td>2810</td><td>395</td></tr> </table> </td> <td> Fee Description Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet. Non-English specification Extension for reply within first month Extension for reply within second month Extension for reply within third month Extension for reply within fourth month Extension for reply within fifth month Notice of Appeal Filing a brief in support of an appeal Request for oral hearing Petition to institute a public use proceeding Petitions to the Commissioner Processing fee under 37 CFR 1.17(a) Submission of Information Disclosure Stmt Filing a submission after final rejection (37 CFR § 1.128(a)) For each additional invention to be examined (37 CFR § 1.120(b)) </td> <td style="border: 1px solid black; text-align: center;"> (\$) </td> </tr> </table> | | | | | Large Entity | Small Entity | | Fee Paid | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>1051</td><td></td></tr> <tr><td>1052</td><td></td></tr> <tr><td>2053</td><td></td></tr> <tr><td>1251</td><td>120</td></tr> <tr><td>1252</td><td>450</td></tr> <tr><td>1253</td><td>1,020</td></tr> <tr><td>1254</td><td>1,580</td></tr> <tr><td>1255</td><td>2,160</td></tr> <tr><td>1401</td><td>500</td></tr> <tr><td>1402</td><td>500</td></tr> <tr><td>1403</td><td>1,000</td></tr> <tr><td>1451</td><td>1,510</td></tr> <tr><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td></tr> <tr><td>1809</td><td>700</td></tr> <tr><td>1810</td><td>790</td></tr> </table> | Fee Code | Fee (\$) | 1051 | | 1052 | | 2053 | | 1251 | 120 | 1252 | 450 | 1253 | 1,020 | 1254 | 1,580 | 1255 | 2,160 | 1401 | 500 | 1402 | 500 | 1403 | 1,000 | 1451 | 1,510 | 1460 | 130 | 1807 | 50 | 1806 | 180 | 1809 | 700 | 1810 | 790 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>2051</td><td></td></tr> <tr><td>2052</td><td></td></tr> <tr><td>2053</td><td></td></tr> <tr><td>2251</td><td>60</td></tr> <tr><td>2252</td><td>225</td></tr> <tr><td>2253</td><td>510</td></tr> <tr><td>2254</td><td>785</td></tr> <tr><td>2255</td><td>1,080</td></tr> <tr><td>2401</td><td>250</td></tr> <tr><td>2402</td><td>250</td></tr> <tr><td>2403</td><td>500</td></tr> <tr><td>2451</td><td>1,510</td></tr> <tr><td>2460</td><td>130</td></tr> <tr><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td></tr> <tr><td>1809</td><td>395</td></tr> <tr><td>2810</td><td>395</td></tr> </table> | Fee Code | Fee (\$) | 2051 | | 2052 | | 2053 | | 2251 | 60 | 2252 | 225 | 2253 | 510 | 2254 | 785 | 2255 | 1,080 | 2401 | 250 | 2402 | 250 | 2403 | 500 | 2451 | 1,510 | 2460 | 130 | 1807 | 50 | 1806 | 180 | 1809 | 395 | 2810 | 395 | Fee Description Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet. Non-English specification Extension for reply within first month Extension for reply within second month Extension for reply within third month Extension for reply within fourth month Extension for reply within fifth month Notice of Appeal Filing a brief in support of an appeal Request for oral hearing Petition to institute a public use proceeding Petitions to the Commissioner Processing fee under 37 CFR 1.17(a) Submission of Information Disclosure Stmt Filing a submission after final rejection (37 CFR § 1.128(a)) For each additional invention to be examined (37 CFR § 1.120(b)) | (\$) |
| Large Entity | Small Entity | | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>1051</td><td></td></tr> <tr><td>1052</td><td></td></tr> <tr><td>2053</td><td></td></tr> <tr><td>1251</td><td>120</td></tr> <tr><td>1252</td><td>450</td></tr> <tr><td>1253</td><td>1,020</td></tr> <tr><td>1254</td><td>1,580</td></tr> <tr><td>1255</td><td>2,160</td></tr> <tr><td>1401</td><td>500</td></tr> <tr><td>1402</td><td>500</td></tr> <tr><td>1403</td><td>1,000</td></tr> <tr><td>1451</td><td>1,510</td></tr> <tr><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td></tr> <tr><td>1809</td><td>700</td></tr> <tr><td>1810</td><td>790</td></tr> </table> | Fee Code | Fee (\$) | 1051 | | 1052 | | 2053 | | 1251 | 120 | 1252 | 450 | 1253 | 1,020 | 1254 | 1,580 | 1255 | 2,160 | 1401 | 500 | 1402 | 500 | 1403 | 1,000 | 1451 | 1,510 | 1460 | 130 | 1807 | 50 | 1806 | 180 | 1809 | 700 | 1810 | 790 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr><td>2051</td><td></td></tr> <tr><td>2052</td><td></td></tr> <tr><td>2053</td><td></td></tr> <tr><td>2251</td><td>60</td></tr> <tr><td>2252</td><td>225</td></tr> <tr><td>2253</td><td>510</td></tr> <tr><td>2254</td><td>785</td></tr> <tr><td>2255</td><td>1,080</td></tr> <tr><td>2401</td><td>250</td></tr> <tr><td>2402</td><td>250</td></tr> <tr><td>2403</td><td>500</td></tr> <tr><td>2451</td><td>1,510</td></tr> <tr><td>2460</td><td>130</td></tr> <tr><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td></tr> <tr><td>1809</td><td>395</td></tr> <tr><td>2810</td><td>395</td></tr> </table> | Fee Code | Fee (\$) | 2051 | | 2052 | | 2053 | | 2251 | 60 | 2252 | 225 | 2253 | 510 | 2254 | 785 | 2255 | 1,080 | 2401 | 250 | 2402 | 250 | 2403 | 500 | 2451 | 1,510 | 2460 | 130 | 1807 | 50 | 1806 | 180 | 1809 | 395 | 2810 | 395 | Fee Description Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet. Non-English specification Extension for reply within first month Extension for reply within second month Extension for reply within third month Extension for reply within fourth month Extension for reply within fifth month Notice of Appeal Filing a brief in support of an appeal Request for oral hearing Petition to institute a public use proceeding Petitions to the Commissioner Processing fee under 37 CFR 1.17(a) Submission of Information Disclosure Stmt Filing a submission after final rejection (37 CFR § 1.128(a)) For each additional invention to be examined (37 CFR § 1.120(b)) | (\$) | | | | | | | | | |
| Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1051 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1052 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2053 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1251 | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1252 | 450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1253 | 1,020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1254 | 1,580 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1255 | 2,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1401 | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1402 | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1403 | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1451 | 1,510 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1460 | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1807 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1806 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1809 | 700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1810 | 790 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2051 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2052 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2053 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2251 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2252 | 225 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2253 | 510 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2254 | 785 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2255 | 1,080 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2401 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2402 | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2403 | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2451 | 1,510 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2460 | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1807 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1806 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1809 | 395 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2810 | 395 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|---------------------|-------------|--------------------------------------|----------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | James Henry | Registration No. (Attorney/Agent) | 41,064 |
| Signature | | Telephone | (503) 439-8778 |
| | | Date | 01/10/05 |

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Appl. No. 10/037,670
Amdt. dated 01/10/2005
Reply to Office action of 10/08/2004

RECEIVED
CENTRAL FAX CENTER

JAN 10 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/037,670
Applicant : Eliel Louzoun
Filed : 01/03/2002
TC/A.U. : 2112
Examiner : LEFKOWITZ, SUMATI

Confirmation No. 8281

Docket No. : 42390P11425
Customer No. : 8791

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of 10/08/2004, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

Remarks/Arguments begin on page 13 of this paper.